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TREATMENT OF PHTHISIS PULMONALIS.

THE following remarks on the treatment of this disease are from Dr. S. G. Morton's additions to Mackintosh's Practice of Physic—a work which was more particularly noticed in a late number of the Journal.

When I meet with a case of phthisis that is just developing itself, when the disease is confined to one lung and is circumscribed in extent, and the patient's general health not yet impaired, I pursue the following plan. I at once establish an issue of caustic potash over the diseased part, and keep it discharging by means of basilicon, savin, and mezereon, and by washing it with soap and water. The cough should be controlled through the day by demulcent and acidulated drinks; but at bed-time, if it continue troublesome, I direct as much anodyne as will secure the patient a night's rest. In this manner the cough will be chiefly confined to the early part of the day, when the patient is best able to bear it. If there be febricula, with a frequent pulse, I am partial to the use of digitalis, which sometimes has a most happy effect in reducing the wearing excitement of the bloodvessels. To this simple treatment I add the internal use of the preparations of iodine,—the most powerful alterative, with the exception of mercury, with which we are acquainted. I give them for about a week at a time, then omit them for a like period, and thus alternately discontinue and resume them. The patient's diet should be light but nutritious, using freely of the farinaceous articles, and avoiding every indigestible article of food. Conjoined with these means I direct daily free exercise in the open air, by walking, riding or driving, and by protracted journeys, when these can be resorted to without undue fatigue or exposure. As an interlude I am extremely partial to a sea voyage, particularly when it can be directed to a mild and equable climate. It is by a persistence in this plan of treatment, that I have now the satisfaction of seeing a considerable number of patients pursuing their daily avocations, and enjoying a good degree of general health, whom I am confident never would have survived, for three months, the old practice of close confinement, low diet, antiphlogistics and mercurials. I do not pretend that in all such cases the tubercular disease is eradicated, or the abscesses cicatrized; but I know that the malady may be kept at bay, and rendered comparatively inert, until at length it ceases to molest the patient.

The obliteration of abscesses by cicatrices is a very common occurrence; but most unfortunately these cavities are seldom single or isolated,

but on the contrary succeed each other at uncertain intervals, and thus keep up an exhausting drain on the constitution.

But the existence of abscess does not prevent my pursuing the practice above mentioned, provided the general strength of the patient continues in a reasonable degree unimpaired. Abscesses may continue for years, occasioning no pain, and little inconvenience beyond debility, more or less cough, and occasional febricula. Such instances, however, are exceptions to a rule; for where suppuration has taken place, we have little to hope for.

SOME FACTS AND LOGIC RESPECTING DIETETICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent R. appears to be a nervous *lady*—one of Mr. Graham's "simple faithful." I therefore bow submissively to her rebukes—ask her ladyship's pardon for having given her so much offence, and promise to do so no more, if I can help it.

Grahamism, of which I am not so ignorant as lady R. supposes, may be defined—the empirical recommendation and use of a vegetable and water diet.

An empirical recommendation is one that is *indiscriminate, incautious, and extravagant*, and therefore calculated to do much mischief. What if Mr. G. has obtained the approbation of some of the faculty? So did Swaim in behalf of his Panacea in *specific cases*. Yet the empirical recommendation and use of that nostrum—how many thousands has it gulled, not to say murdered. And the merit of *empirically* recommending a vegetable diet, is all that can justly be conceded to the *ism* of Mr. Graham. For it has been common for physicians, in all ages, to prescribe a farinaceous regimen in certain morbid states, or other circumstances. They have recommended an almost entire adherence to it to persons subjected to fatigue in hot climates—to certain very weak and irritable constitutions—to patients affected with certain diseases, &c. &c. Philosophers have also recommended this diet to their disciples as a means of subduing the visceral appetites and passions, and improving the intellectual faculties. But it has been reserved for Mr. G. to discover this valuable modifier to be the *natural and only proper food of man*, capable of relieving all his diseases, of perfecting all his powers, and of regaining for him the lost longevity of the ages before the flood. It has been reserved for Mr. G. to prescribe one eternal *Lent* to the human race—forbidding flesh to man in every season and climate, and whatever may be his employment, habits, degree of vital force, or pathological condition. It has been reserved for Mr. G. to deduce from the physiological structure of man his native repugnance to flesh as a diet—a repugnance which can *never* be overcome without sacrificing his health, vigor and longevity. This is the *ism* of Mr. Graham, or it is nothing. He must keep this *exclusive* ground, or he loses the *ism* which has brought him into notice, and falls back upon the common ground of a

mixed diet, the proportions of which may be varied to suit constitutions and circumstances.

Do you perceive, Mr. Editor, the object of these remarks? They are designed to wrest from Grahamism the support which it would gladly borrow from those numerous cases in which a vegetable diet has for a season been found very conducive to health. For, as a *therapeutic* measure, this diet has ever been and is still extensively in use. This single remark ought to nullify a host of pretended demonstrations of the truth of Grahamism. Is it not familiarly known to the profession that when the system has been *irritated* to a certain degree by stimulating ingesta—an irritation to which the excitement of muscular or moral activity may have largely contributed—the substitution of a mild farinaceous for a flesh diet may soothe the harassed and jaded functions into a repose equally salutary and delightful? Or is it not known that man may inherit or acquire a fibre so weak and irritable that the stimulus of vegetable food alone will be sufficient to develop the little strength that such individuals possess? Or is it not known that when a man accustomed to a generous mixed diet, suddenly puts himself upon a spare vegetable regimen—a large amount of nervous energy, before directed to the viscera, is as suddenly set at liberty, and may be concentrated in the brain or muscles, and thus capacitate the individual for extraordinary efforts for a limited period? But what then? Is a vegetable diet therefore the grand arcanum—the secret of perpetual health—the means of rejuvenization for unlimited years—and the *sine qua non* to the greatest sum of human felicity? So dreams Mr. G. and other heedless visionaries; and with about as much reason might the toper, in the reveries produced by the alcoholic stimulant, imagine he had been quaffing the true aqua vitæ—the waters of immortality! For the dreams of perpetual buoyancy of spirits and activity of mind to be secured by denying the stomach its instinctive and healthy cravings, while the excitement of the system is kept up by violent exercise, or lively emotions, and the ferment of the brain, will as surely vanish in untimely weakness and despondency, as the illusions of the drunkard. Life, we know, is supported by stimulants. But there are other stimulants besides food and drink. The *fanatic* well knows this, who, cheating his stomach with a crust of bread and water for dinner, goes about agitated and agitating by the ravings of a heated imagination. The hunters of the torrid wilderness know this, who dread to meet the wild beast, when, goaded by the *rabid stimulus of hunger*, he becomes doubly fierce, daring, and powerful. The brave defender of Gibraltar knew it, too, when, during the famous siege, he subsisted on a few ounces of rice and water daily. In this last case the "*soul's secret springs* were strongly stirred"—the voice of *instinct* was hushed—the brain usurped a preternatural share of the vital force, leaving the functions of nutrition comparatively inert, and yet by its sympathies developing and sustaining extraordinary vital manifestations. But these and similar modes of stimulation, delightful as they would otherwise be, are fraught with danger to all but constitutions of the *extremest vigor*. No others can endure them for any considerable period without suffering an acceleration of the pulse—a sensitiveness and mobility of the nervous

system, manifesting itself in an ardent, impetuous, and perhaps ferocious temper, or in a preternatural exhilaration, and incurring a vital expenditure so disproportioned to the renovation as to issue speedily in disease, debility and death.

And here, Mr. Editor, we stumble upon one of the dangers and delusions incident to Grahamism. The new-born fanatic of the Graham creed leaps for joy under the buoyant influence of his airy diet—glories in the victory achieved by intellect and conscience over sensual appetite—revels in the new fountains of vigor and felicity thus opened to the soul, and thinks nothing impossible to a hero of the bread and water regimen. Poor man!—at one time, devoted to sensual gratifications, he employs his intellect to enlarge the domain of visceral wants—he is deaf to the voice of instinct—refuses *nature* for a guide—depraves natural appetites—creates new ones, and endeavors in every way to surmount the natural barriers of the lusts of the flesh; then suddenly he becomes disgusted, turns a Grahamite, opposes an iron will to the most reasonable solicitations of appetite, in order that he may exalt his intellectual and moral powers, in whose exercise he now places his chief delight—in short, the rake turns fanatic, but sins no less against Nature and her God than before, and prepares for himself a no less terrible retribution. Thus the rake and the fanatic, whether united successively in the same individual (a case by no means rare), or not, are equally guilty of abusing nature, or, as your correspondent expresses it, of “legislating for nature,” and deserve alike the reprobation of every lover of God and man. Now facts prove incontestably that there is a tendency in Grahamism to engender fanaticism, and that Grahamic fanaticism is often fatal to persons of feeble vitalities, who of all others are most likely to fall into the delusion, and that others escape death only by the intervention of *insanity*, or some other cause capable of changing their purposes and regimen. And if there is such a tendency in Grahamism, and the author of the *ism* does not guard his hearers against it, then for this reason, among many others, he is an empiric, and guilty of *incautiously* recommending a vegetable diet. The connection between Grahamism and fanaticism is very obvious, both from facts and theory. John Wesley defines fanaticism to be “expecting an end without adequate means.” According to this definition, Mr. G. himself is believed by many to be a miserable fanatic, for he expects, in the course of ten years, one of the mightiest of all human revolutions, and without any other cause for it than Grahamism! But this definition of Wesley’s only points out a *moral* characteristic of fanaticism. We want a definition derived from its *physiological* nature and causes. In this respect it may be defined the *moral fury and mental exaltation* resulting from *abstinence*. And, Mr. Editor, who is there so little acquainted with the “*science of life*” as not to perceive in Grahamism (the empirical use of a bread and water diet) a tendency to fanaticism as just defined? If any, let them learn from facts. The *exhilaration* manifested by Grahamites shows that the machinery of the nervous system has lost its regulator—that its equilibrium is disturbed—that its movements will become irregular—(i. e. unless it buzzes away life and sinks into premature and everlasting repose)—and

thenceforth the judgment is impaired—the expectations are visionary—the *self* conceited and obstinate, and the individual is incurably convinced that his diet is the grand means of invigorating and prolonging life, while in fact it is exhausting all his powers, *beginning with the noble faculty of vigorous reproduction*—and reducing him to premature weakness and decay. This result will take place *sooner or later*, according to the degree of vital force allotted the individual, and other circumstances. Facts show this to be one of the tendencies or liabilities of Grahamism. And of this the public, especially that portion of it who from idiosyncrasy, or the nature of their avocations, are most likely to “legislate” for their stomachs in order to exalt their moral and intellectual powers, ought to be warned by the faithful physician. None but the most vigorous can endure for many years *extraordinary* exertions and a *bread and water diet*. The fact that John Wesley lived three or four years upon potatoes alone, proves nothing to the contrary, nor would many similar facts which might be quoted. John Wesley was a prodigy of vital force; yet he repeatedly reduced himself very low in health, and had little disposition to reproduce his species—and if he had, would have been utterly incompetent to have begotten anything but anemic, lymphatic, or nervous progeny. *Emasculation is the first fruit of Grahamic fanaticism*. Here we will bid adieu to logic for the present, and record some facts which have suggested the foregoing observations.

I.—R. S., a student—age not known precisely, but about 25—nervous system, evidently rather mobile, but he appeared to be in good health. Observing himself more active in mind and body after a light vegetable repast, and consulting *economy* as well as “his physiological and psychological interests,” he commenced “boarding himself.” His only food was bread, with water, milk and fruits. He was my fellow-student—we were well acquainted, and I saw him daily. In reply to my inquiries, from time to time, he said he never felt so well in his life as he had done on his new diet. *He grew comparatively indifferent to his food*, but found his strength and elasticity of mind and buoyancy of spirits much increased. In fact, in the course of three months, he considerably diminished the very moderate rations which he allowed himself at first. He appeared to lose no flesh, and his complexion continued good. Almost from the first I observed in him the *Grahamic exhilaration*. At the end of about three months from this change of diet, he left us on a visit to his friends. It was afterwards ascertained that on his way home he began to exhibit symptoms of insanity. His friends found him quite demented on his arrival, in the dead of night. A young practitioner was called to him, who thinking, I suppose, that he had to combat sthenic inflammation of the brain, plied him so resolutely with bleeding and other evacuants that he succumbed in less than a week, without a lucid interval.

Remarks.—This young man died before Mr. G. acquired notoriety by public lecturing and gave his name to a peculiar regimen. But no matter for that. His principles and practice were essentially Grahamic. His *exercise* was efficient, and his habits regular. His strength of nerve was doubtless below the common measure, and his fate is a warning to

persons similarly constituted to beware of the Grahamic experiment—or at least of giving full credit to the extraordinary virtues ascribed to that regimen. If I were to hazard a diagnosis in his case, it would be—irritation of the stomach from a *deficiency of proper stimuli* transmitted to the brain. As to Grahamism, there is nothing new about it but its exclusiveness and absolutism—that is to say, the fanatic empiricism of its author. Bread of unbolted flour has been extensively in use ever since bread was used at all, and is recommended in divers medical works to the valetudinary. And as to a vegetable diet, more than half the human race are compelled to subsist upon it. The insanity, in this case, was indubitably occasioned by the empirical use of a vegetable diet—the *will* lording it over *instinct* for the benefit of *intellect*. *Insanity* was the triumph of *instinct* over *both*.

II.—P. P., an instructor of youth—aged about 40. This case was communicated to me by the subject of it, while on a journey last December. Had I anticipated my present occasion, my inquiries would have been more particular. The *outline*, however, which I am able to give, is sufficient to decide its character and bearings. P. P.'s habits had been dyspeptic many years—his nervous resources were inadequate to the demands made upon them, so that he was subject to demissio animi and seasons of general debility. Some time last summer, his circumstances requiring special exertion both of body and mind, for the space of two or three months, he put himself upon a strict Grahamic regimen, in the hope of thus rendering himself more able to sustain it. His regimen had the expected effect. He went through his extra labors with unwonted ease, but soon afterwards was attacked with fits of an epileptic nature, which were followed by pain in the stomach, insufficient and unrefreshing sleep, and great prostration of strength. His physician regarding his disorders as the result of *hypo-stimulation*, gave him nervous excitants with good effect. 'Tea and coffee, also, proved soothing and refreshing. Smoking tobacco often relieved him when unable to sleep from pain in the stomach. In a word, upon returning to a common diet, in the course of a few weeks he recovered his ordinary health.

Remarks.—In this case dangerous irritation and debility of the vital powers resulted very *speedily* from the bread and water regimen—*speedily*, because the individual was feeble and his exertions unusual. His experience may serve to qualify the vain hopes of some of Mr. G.'s disciples. *Temporary vigor from a low diet, in the case of feeble persons, is a dangerous draft upon the vital force, and at best must be repaid by subsequent debility.*

III.—T. N. This individual was of the clerical profession. I saw him repeatedly, but he did not communicate with me respecting his health. I obtained the following outline from his friends. Became dyspeptic while a candidate for settlement. Got the idea, somehow, that bread and water would best sustain life (if combined with severe exercise), and the less even of that he could bring himself to eat, the better. Whenever I saw him, he manifested an ardent, yet bold, radical, dogmatic temper, savoring of fanatic extremes, and rather repulsive. He habitually summoned all his intellectual and moral force, aided by the awful sanctions

of religion, to resist the cravings of appetite, to indulge which, he represented to himself vile sensuality, and an abuse of his nobler, spiritual nature. Nevertheless, instinct often triumphed—he transgressed his ascetic rules—committed excesses in eating. Chagrined at his weakness, and conscience-smitten, he was wont to atone for such sinful indulgences by subsequent austerities, and to attempt remedying their effects by severe exercise. This conflict between mind and matter, body and spirit, was prolonged several years with various success. But at length uncertain victory declared for the spirit. The viscera were made to yield the share of nervous influence necessary for the support of life. Unable longer to preach, the young man returned home—said he had seen a physician, who assured him that a low diet and much vigorous exercise would effect his cure. He lessened his allowance of food more and more—thought himself improving in health—when he suddenly sank and died a week or two after reaching home, and with but a few hours notice of any impending danger.

Quere.—Do not these facts warrant us to call this a case of Grahamic starvation?

IV.—A. B., of a learned profession—aged 35—constitution feeble and insufficient for the labors imposed upon it—long and well versed in the pathology of a weak stomach. From his own lips I obtained the substance of what follows. In the spring of 1832, became acquainted with the notions of Mr. G., whose lectures he afterwards attended. Resolved to make the experiment of G.'s regimen, regarding it as his dernier hope of comfort and usefulness. On bread and water, with small additions of milk and honey, &c. occasionally, he soon began to feel as if a load were removed from body and mind. He exercised much and with pleasure, and applied himself to every duty with renewed vigor. He was quiet enough through the summer, but early in October, about six months after he commenced Grahamite, he began to feel preternatural buoyancy. He fancied that now, at last, he had arrived, thanks to God and Mr. Graham, at the perfection of moral and physical regimen. Difficulties vanished, or ceased to perplex him. He rose superior to the appetites and passions of the multitude, and rode gaily over the billows of this stormy life. Calm and serene, wisdom seemed to preside over all his movements. He was always imperturbable, and if he suffered at all, it was from excess of happiness. He was given to bright reveries. He never could before endure so much labor on so little food, and yet without morbid appetite. His mind never seemed so clear and so active and inventive, or his heart so full of pure benevolent feeling, or his voice attuned to such perfect melody. He was fluent, could bear excitement without injury, &c. He continued in this state nearly till the last of December. There was, however, one symptom which ought to be noted, and which ought to have alarmed him—it was wakefulness at night. Late in December, a slight exposure to cold interrupted this delightful dream. His appetite became morbid and resistless. His "harp of thousand strings" was quite unstrung. On his lower jaw arose a very painful congestive swelling. For several days his misery was extreme. His appearance and symptoms were in some respects like the Asiatic cholera

—his extremities were cold and shrivelled—a general sensation of tremendous, deadly *cold*—instinctively thrust his hands and feet out to the fire, almost toasting them—which abated the gnawing pain in his face and his general nervous distress. His physician told him his vital powers were depressed by exertion on a low diet, and his present distress might be gradually relieved by the prudent use of nervous excitants, as brandy, tea, opium, and a generous diet and *repose*. And so it proved. But he continued all winter in a comparatively broken state of health. In the spring he renewed his Grahamic experiment, wishing, if possible, to renew the dream of the summer before. This he effected in some measure. But the next December there came on a more obstinate and protracted collapse of the vital powers than before. He was a much greater invalid than ever before, all winter—he was harassed with asthma, and all the evils of excessive nervous mobility—he could bear neither food, nor medicine, nor exercise, and was obliged to commit his case to nature, time, and patience. His Grahamic reverie was now dissipated. He has since very slowly improved in health, and believes that exertion on the Graham regimen would be speedily fatal to him. He regards the Graham system, as it was presented to him by its author, as a mere Utopian dream and delusion.

Such, Mr. Editor, is a specimen of those cases which have come within the very limited range of my observation, and which demonstrate a portion of the dangers, evils and abuses incident to the empirical recommendation of a vegetable diet, as practised by Mr. Graham.

Nothing but *severe scientific researches* on a scale as extended as the family of man and the history of the world, will convince reflecting men of the truth of Mr. G.'s favorite positions. The experiment, to be satisfactory, ought to be made in every clime and in every state of society, and extended not only through the ordinary life of man, but from generation to generation. Something far more is required than to demonstrate the value of a farinaceous diet—1st, as a temporary therapeutical measure; 2d, as a means of exalting the intellectual powers for a limited period; 3rd, as adapted to certain states of society or modes of life; or 4th, as suited to hot climates. The thorough inquirer will demand evidence that this regimen will fit him to meet the exigencies of society as it is constituted *here*, and not as it exists in the plains of Hindostan or in the deserts of Arabia—and that not for one or ten years, but for a life time;—and whether, if it is found to exalt his own physical and moral powers, it will also enable him to transmit them unimpaired to his posterity. For what will it profit society that men should find the means of expending not only the vital resources that properly belong to them, but also those which they should impart to their children? One of these means is doubtless the transient powers and pleasures of Grahamic exhilaration.

W*. W*.

March 21, 1836.

INFLAMMATION OF THE LUNGS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Seeing some remarks in your last Journal upon this subject, requesting the views of your correspondents with regard to the most successful treatment, I will state, for the benefit of the profession, what my treatment has universally been, and what success I have met with in this disease, and leave it for them to judge whether it is good or not.

Inflammation of the lungs has been very prevalent here for some time, especially among children. Sometimes five or six have been seized at the same time in the same family. My treatment is this. When first called, if the symptoms are urgent, as is sometimes the case, I invariably give an emetic of ipecac. After vomiting has abated, I open the bowels freely with calomel—give powders of ipecac and soda, together with an infusion of ipecac. This infusion is given so as to produce vomiting, if it is necessary, as often as every day—or Dover's powder may be given with advantage, if the patient is restless. As a local application to the chest, I order roasted onions, which I consider the best application that I can use. This application is to be changed as often as necessary.

This constitutes the whole of my treatment in this disease; and out of thirty or forty cases, I have not lost *one*. If you think this worthy a place in your Journal, you will please give it an insertion.

Yours, &c.

JOSEPH P. HALL.

West Rumney, N. H. April 9, 1836.

ELI TODD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

"He was a man, take him for all in all,
Eye* shall not look upon his like again."

THE late Dr. Todd, during the last fifteen years of his life, exhibited more real benevolence, shaded by less human imperfections, than I ever witnessed in any other man. His professional talents, both in the treatment of the insane, and in the other departments of the practice of medicine, were quite as prominent as his moral character. He was, not only officially, as President of the Medical Society, but as a practitioner, justly considered to be at the head of his profession in Connecticut. In addition to his pre-eminent moral and professional character, he possessed such suavity of manners, that during the latter years of his life, envy herself was disarmed, and slander was silenced. Even Basil Hall, who was not very apt to see anything good in America, was forced to do him justice, and extend his fame beyond the Atlantic. He may be considered as founding a new era in the treatment of the insane, since the success at his hospital was far greater than that of any other institution of the kind in the world. He literally verified the assertion of Dr. Willis be-

* Eye is probably the true reading; or, perhaps, the author meant it as an *equivoque*, to be read either *eye* or *I*.

fore the House of Commons, that insanity was curable in nine cases out of ten, as more than ninety per cent of all his recent cases recovered. This unparalleled success was owing to the combined effect of his medical and moral treatment, his pre-eminence both as a physician and a man.

The preceding remarks are not merely obscure facts, preserved only in the grateful recollection of the Doctor's remaining friends and numerous patients, but they form the brightest chapter in the medical history of our country, verified and recorded in the official reports of the Connecticut Retreat for the Insane.

Since this is the real truth of the matter, and is well known, or ought to be known, by every medical man in the country, my surprise may be easily conceived when I read some remarks which were undoubtedly meant to be construed to the injury of the memory of Dr. Todd.* To say nothing of the unjustifiable and ungentlemanly personalities, and the obvious impropriety, and apparent breach of trust, in mentioning the name and other circumstances of an anonymous writer, I could not but deeply regret that such a communication was ever admitted into the pages of a periodical which I have so long and so highly esteemed.

It is in vain to attempt to enter into a controversy with an unprofessional man, as I suppose the writer to be, upon a medical subject. He is usually unacquainted with the nature and bearing of medical evidence, and consequently, "though confuted, he can argue still." It is difficult to mention any important discovery or improvement in medicine, by any one who was not himself a physician. *Nemo recte, de artificio, judicare potest, nisi artifex.* I shall, therefore, let the writer pass. My object is respect and gratitude to the memory of the illustrious dead, and to inform the public, both professional and non-professional, where the documents of his character and eminence are to be found recorded.

March 26, 1836.

CONNECTICUTENSIS.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 20, 1836.

GERHARD ON DIAGNOSIS OF DISEASES OF THE CHEST.†

THIS is precisely the sort of work we have for some time desired to see. We needed a work which should embrace the numerous facts in the science of physical signs, which since the time of Laennec have been gradually accumulating in the wards of the Paris hospitals, under the observation of so many distinguished votaries of medicine. This is the only book, we believe, but one, of which we shall speak presently, that does this, and it appears to us to be the most valuable essay on its subject, since that in which the illustrious author of the listening art first announced his discovery and the new system of diagnosis founded thereon.

* See the Boston Medical and Surgical Journal of March 16, 1836, page 92.

† On the Diagnosis of Diseases of the Chest; based upon the comparison of their Physical and General signs. By W. W. GERHARD, M.D. &c. &c. Philadelphia: Key & Biddle. 1836.

As an elementary work, indeed, we are not sure that it is not better fitted to be placed in the hands of a novice than the elaborate disquisition of Laennec. The very great nicety of the ear of the latter, his infinite skill in discriminating sounds, and the consequent minuteness and preciseness of his divisions, are not altogether the best qualifications for one who is to give the first lessons. His exclusive use and recommendation of the stethoscope, instead of the naked ear now more generally employed, also serve to render the art a more complex affair than it need to be. Still the study of his admirable work is not to be foregone. Considering it as the first exposition of an art, perfected almost at its birth, it is indeed an extraordinary book. The more it is examined, the more complete does it appear, the more unfathomable, we might almost say, as a mine of facts respecting diseases of the chest. When we remember that the author was the first explorer of the sounds within the thorax, we are astonished that subsequent observation has found so little to add to, to alter or amend. Still it is impossible that the art should not have advanced since his time, and we are indebted to Williams and Hope in England, and Bouillaud in France, for a more thorough investigation of the sounds of the heart in health and disease; and to Andral and Louis for much new and valuable instruction in regard to the diagnosis of acute and chronic diseases of the chest. Thus "some additions have been made to various points connected with auscultation; a different value has been affixed upon various signs, and they have been more intimately connected together, and with the general history of disease."

There is certainly no mode of learning auscultation and percussion, so good as that by the bedside instructions of a master of the art. Few, however, in this country, have access to such means; and in the absence of it, a manual like that of Dr. Gerhard's is of great value. Of the author's qualifications for his task, no one who has read his excellent articles on the pneumonia of children, and other contributions to the *American Journal of Medical Sciences*, will doubt. His opportunities of study and observation have been large, both in this country and in France. In his preface he says—

"Much valuable matter was derived from the private instruction and public lectures of M. Louis, at the *Hopital de la Pitié*; almost the whole chapter upon the conformation of the chest, and numerous isolated, but important facts, were obtained from that source. The original matter chiefly consists of an analysis of the normal respiration on the two sides of the chest; a new classification of the varieties of the bronchial respiration; some facts relative to the auscultation of children; and a concluding chapter, which is designed to facilitate the inquiries of those physicians who are not yet familiar with physical examination.

"The last chapter is especially designed for those physicians who are distant from the large cities of America, where a knowledge of physical investigation is more general than it is throughout the country. The want of hospitals in small towns and villages, renders it expedient to adopt a mode of study which is less necessary in our larger cities, where the physical means of investigation are habitually practised."

After some introductory remarks on the subject of the physical exploration of the chest, he devotes a chapter, severally, to each of the subjects, conformation of the chest, percussion, and auscultation. The last chapter is a long and very valuable one, containing a good deal of original matter, and presents more clear notions of the varieties of respiration and

of the changes produced in it by disease, than we have ever seen in the same compass before. Pulmonary catarrh, emphysema of the lungs, a disease which has but recently received a portion of the attention it deserves, pneumonia, gangrene of the lungs, phthisis or tubercles in the lungs, pleurisy, and one or two other affections less important, are each the subjects of separate chapters. Each chapter then contains a full account of all the known signs, both rational and physical, by which the existence of the disease to which it is devoted, is to be ascertained. This account, of course, cannot be clear without a previous knowledge of the anatomical character of the disease, a slight sketch of which is accordingly given in each case, and the peculiar locality (if we may use the expression) of the lesion, is also specified. The study of the physical signs, together with that of morbid anatomy, has done much to fix these localities ; or, in other words, to determine what portions of the lungs are most frequently the seats of the various lesions to which these organs are subject ; and these lesions have been found to follow more uniform rules in this respect than was formerly imagined. Now, indeed, a reference to these rules is one of the most important points in the art of diagnosis. There are none of them without their exceptions, perhaps, but these are so rare that in ordinary cases they may be disregarded. The book before us is remarkable for the care with which these rules are pointed out, and its value is thereby much increased.

The plan of the book does not demand or admit a very full history of the symptoms or rational signs. Still, these are given with great distinctness in every case. And here we would offer one remark for the consideration of those, if there be any such, who still hold out against any such innovation in medicine, as the use of physical signs in diagnosis, and who hold the general and local *symptoms* to be all-sufficient guides. We would ask such persons to compare the knowledge of the characteristic symptoms of affections of the lungs, which is now the common stock of the better part of the profession, with that prevalent previously to the introduction of percussion and auscultation. We are sure no candid mind will say, after such a comparison, that the introduction of a new, and in some measure independent means of diagnosis, has diminished the study of symptomatology. On the contrary, however it may have been with individual practitioners, we believe that this part of the science has made great advances of late. It would be strange, indeed, if it were otherwise. The ear will now afford the same positive kind of evidence respecting diseases within the chest, that the eye affords as to diseases on the surface of the body, and that autopsy alone would formerly afford respecting any internal diseases. The introduction of auscultation has rendered the same kind of service to general pathology, that did the introduction of the study of morbid anatomy. If indeed it were fair to judge of the benefits of auscultation to the progress of the science of pathology, by that made since the appearance of Laennec's treatise, compared with that of the twenty years previous (the last no ordinary epoch), we believe the question might soon be decided. And who shall say how much of the accurate philosophical spirit of medical study now prevalent in France, and which has already sprung up here among us, and borne some fruit, too, is owing to the consciousness of physicians that they had, in physical signs, the means of gaining positive knowledge of some of the most serious and frequent maladies men are subject to. But without attributing too much to the effects of Laennec's discovery, preceded as that was by

Avenbrugger's method of percussion, it must be conceded that the new method of exploring the chest gave a great impulse to medical science ; and it will be found without fail, we apprehend, that the same spirit which makes a physician skilful in percussing and in listening, constitutes him a careful observer of all the symptoms, a thorough student of the whole natural history of disease.

To return from this digression—we would recommend to special attention the remarks of Dr. Gerhard upon bronchial respiration. This sign, though not unknown to Laennec, either in its character or indications, was not duly appreciated by him. Its varieties and degrees are very important to the auscultator, and at the same time are among the most difficult points he has to study.

The chapter on phthisis, though it contains nothing, perhaps, which will be new to the practised auscultator, presents a great deal that demands the attention of those who have obtained their chief knowledge of the physical signs of this disease from Laennec. It is in the knowledge of the phenomena, by the aid of which an early diagnosis of the existence of tubercles is to be made, that the greatest advances have been made in auscultation. It is well known that pectoriloquy, or the clear resonance of the voice under the ear or through the stethoscope, from an empty cavity within the lungs, was the chief sign on which Laennec depended for the certain diagnosis of consumption. But he who waits for the occurrence of pectoriloquy, to recognize that disease, will often wait till its existence is too sure from many other signs, general and local. Where its presence is certain, which is rarely the case, it may make assurance doubly sure to the physician, but affords no hope of aid to the patient. A little flatness under one or both clavicles ; a prolonged expiration, with an absence of the vesicular murmur, and a little mucous r le, in the same regions or above the spines of the scapul e, are more important phenomena, in every practical point of view, than the most declared pectoriloquy. It is thus by the collation of several signs, slight in themselves, with a careful reference to the part of the chest where they occur, that as confident a diagnosis may often be made, as by the most marked sign taken singly.

To our knowledge of diseases of the heart, and even of their physical signs, much has been added by observers since Laennec ; and although much remains to be elucidated with regard to them, the portion of the book before us which is devoted to their diagnosis, deserves careful perusal.

We have been sparing of the language of eulogy in speaking of Dr. Gerhard's work, for we believe it does not need such fostering. We have said enough to show our high opinion of it, and enough, we hope, to induce those of our readers who have not already possessed themselves of it, to do so. It is peculiarly adapted to the wants of the profession here. We may add, it is a work which the profession in Great Britain would do well to have republished there. We should venture to say this, from what we know of their literary resources on the same subject ; but we do it the more confidently from having seen in one of the late London journals—the Medical Gazette, we believe—a notice of a new manual of auscultation, &c. by M. Raciborski, an ex-surgeon of the Polish army, and recently a follower of M. Bouillaud, of the hospital of La Charit . This work has, we believe, been translated and published in England, and it is highly praised in the article referred to. We obtained a copy

of it not until most of the preceding remarks had been written, and we have not yet had time to give it so careful an examination as will warrant our speaking of its whole merits. Desirous, however, to compare it with Dr. Gerhard's treatise, to see at least how far the remarks made on this, deserved qualification, we have examined several chapters with care, comparing them with the corresponding chapters of the American work, and have no hesitation in saying that, judging from these alone, it is certain we have not esteemed the latter too highly. While we would not condemn any book from the character of two of its chapters, we are constrained to say that if the rest are not better than those on tubercular phthisis and pericarditis, M. Raciborski's book does not deserve republication here. To show cause for our assertion: in speaking of the anatomical character of phthisis, after noticing various ways in which he says the development of tubercles occurs, the following proposition is offered in a paragraph by itself. "The march, acute or chronic, is then the only difference between pneumonia and tubercles." p. 278. Now this may be the opinion of M. Raciborski, but it is certainly not yet so far admitted by the medical world, as to justify an author in introducing it into a manual designed for students. It is perhaps in consequence of this opinion that M. R. does not refer the student to the upper portion of the chest for the peculiar signs of tubercular disease, but contents himself with saying that "a bronchial *souffle*, bronchophony, and flatness of sound, are the three phenomena from which the presence of tubercles may be inferred." p. 277. We should certainly not be surprised, after this, to see a pupil of M. Raciborski's carefully auscultating a patient over the false ribs to decide if he has tubercles, and expressing his apprehension lest a stout man in the second week of pneumonia should fall into a decline, because the middle of the back sounds flatly and there is a good resonance of the voice there.

Among the physical signs of pericarditis, M. R. omits one which, when present, is one of the most characteristic, and which is undoubtedly present in nearly all the uncomplicated cases, where the effusion is considerable—we mean the prominence of the walls of the chest over the region of the heart. And although his opportunities of acquiring a thorough knowledge of this disease, in the wards of M. Bouillaud, must have been great, his whole account of its diagnosis seems to us loose and confused, particularly when compared with Dr. Gerhard's.

It is no part of M. Raciborski's plan to give anything more than the physical signs of the several diseases treated of. We cannot justly find fault with the absence of what he has not pretended to offer; but the plan followed by Dr. Gerhard has great and obvious advantages. Still the French work contains many facts respecting the auscultation of the heart and arteries, derived from M. Bouillaud and others, which will be new to many readers. It also contains an account, professing to be complete, of the physical exploration of the abdomen in disease; a means of diagnosis too much neglected amongst us. In fine, we should say that M. Raciborski's book was a compilation from the labors of others, containing a great mass of facts relating to auscultation and percussion, not very well digested, and probably by no means all rightly appreciated by the author himself. The other work we have noticed has a peculiar unity, showing that from whatever sources gathered, its matter has been assimilated by, and has taken its shape from, one mind.

Geological Lectures.—Dr. C. T. Jackson is about commencing a popular course of lectures at the Odeon, on Geology. His thorough acquaintance with that important department of human knowledge, is sufficient to ensure an audience. We are impressed with the importance of having physicians practically conversant with geology, particularly those who are settled in the country. As they have the reputation, ordinarily, of being chemists and geologists, as well as physicians and surgeons, and are therefore frequently consulted with reference to giving an opinion upon the character of a mineral, a coal deposit, rocks, &c. the better they are prepared to advance the interests of society, in that way, the more acceptably will they have discharged their duty. With these views, imperfectly as they are expressed, we strongly recommend all medical gentlemen, who can possibly do it without manifest injury to their professional pursuits, to patronize Dr. Jackson.

Brown Bread.—Dr. C. Wright, of Dublin, considers brown bread a highly beneficial remedy in the habitual costiveness so generally accompanying a sedentary life. Its laxative effect resides, he thinks, in the particles of bran which it contains, acting as a mechanical stimulant, and increasing the peristaltic action of the intestines. From the nature of this effect, he decides this species of bread to be unsuitable for an article of diet, as the bran resists the action of the gastric juice, and of necessity possesses the power of producing great irritation and derangement of the alimentary canal. He has seen inflammation of the mucous membrane produced by the continued use of bread containing bran.

Medical Miscellany.—Efforts are making in New Hampshire to have a State Lunatic Hospital.—Professor Silliman has completed a splendid course of chemical lectures at the Odeon, in this city, and will very soon commence another in New York.—The smallpox still lurks in the interior of our State, and in New Hampshire.—The only wholesome water brought into Boston at present, notwithstanding the efforts which have been making, comes from the clouds.—Anatomical studies are conducted with peculiar advantage to the students, in the two principal medical schools in this city: the weather has been favorable, and subjects freely supplied by the wise provisions of the laws of Massachusetts. Medical pupils would find it economical, in the end, to pursue their studies in the city.—A hospital has been temporarily established in Dover, N. H. on account of those who are now sick with smallpox. Vaccination will soon circumscribe the disease.—A memoir on the nature of Miasm and Contagion, by Prof. Riddell, of the Cincinnati Medical College, is lying before us—and a capital thing it is. It will be more particularly examined another day.—Dr. Gordon, of Hingham, Mass. an eminent practitioner, is about opening a private insane retreat in that beautiful town. It will be well sustained.—A new building is being added to the McLean Asylum, at Charlestown, there not being apartments to accommodate those making application for admission.—Dr. L. V. Bell's Essay on the Smallpox has been published. As a manual of reference and practical guide, we recommend it to the attention of the profession.—Some beautiful specimens of dental ingenuity, in the construction of an entire set of artificial teeth, for both jaws, by Dr. Appleton, of this city, were shown us the other day, highly creditable to his mechanical skill in

professional dentistry.—Dr. Preston, of Philadelphia, recently deceased, bequeathed \$200,000 for the endowment of a lying-in hospital in that city.—On the 4th inst. Col. Lucius Houghton walked half a mile to the Thomsonian Infirmary of Mr. J. Wright, in Montpelier, Vt. went through "a course," was put into the steam box, and shortly after was taken out dead.—Drs. Mathew Anderson, John Holmes and Samuel Calhoun, have been elected physicians of the Philadelphia Hibernian Society.

ARRIVALS AND DEPARTURES.—Arrived from Havana, Dr. J. E. A. Ackeranac, of France; Dr. J. K. Rogers.—From St. Marks, Dr. T. Withers.—From Liverpool, Drs. Powell and Hatchell.—Sailed for Liverpool, Dr. Hull, Dr. George C. Shattuck, Jr. of Boston; and Prof. Hall, for Havre.

TO CORRESPONDENTS.—A dissertation on the "Investigation of Disease," "Contributions to Pathology," and other papers, will appear shortly.

DIED.—In Detroit, Dr. Jonathan P. Fay, 78, formerly of Sutton, Ms.—At New Orleans, Dr. George C. Livingston, aged 27, a native of New York.

Whole number of deaths in Boston for the week ending April 16, 22 Males, 12—Females, 10.

Of disease of the heart, 1—dropsy on the brain, 1—dyspepsia, 1—infantile, 4—consumption, 3—canker in the bowels, 1—liver complaint, 1—drowned, 1—rheumatic fever, 1—child-bed, 1—suicide, 1—nervous fever, 1—sudden, 1—pleurisy fever, 1. Stillborn, 2.

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Jan 20—1yep

DR. JOHN S. BARTLETT has removed to No. 11 Atkinson Street, a few doors below his former residence, on the opposite side. The office is that formerly occupied by the late Dr. S. H. SMITH, and more recently by Dr. Wood.

March 2.

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless so no other mode of conveyance is directed. Ten charged quills, or an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

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